

# Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

Amendment

☐ Yes ☒ No

<b>1. Committee Information</b>							
a. Full Name <u>Citizens for Dolly Reaves</u>			c. ID Number _____				
b. Mailing Address (include City, State and Zip Code) <u>1 Still Pond Ct Durham NC 27713</u>			d. Date Filed <u>10/02/2017</u>				
<b>IN PERSON</b> <u>OCT 02 2017</u> <b>DURHAM BOE</b>			e. Phone Number <u>828-964-7000</u>				
2. Report Year <u>2017</u>	3. Period Start Date (mm/dd/yy) <u>08/30/2017</u>	4. Period End Date (mm/dd/yy) <u>09/25/2017</u>	5. Treasurer Full Name <u>Dolly Earlene Reaves</u>				
<b>6. Type of Committee (Check One)</b> <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>9. Type of Report (check only one type of report from one category)</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> <b>Municipal</b>  <input type="checkbox"/> Organizational  <input type="checkbox"/> Thirty-five day  <input checked="" type="checkbox"/> Pre-primary  <input type="checkbox"/> Pre-election  <input type="checkbox"/> Pre-runoff  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special           </td> <td style="width:33%; vertical-align: top;"> <b>State/County</b>  <input type="checkbox"/> Organizational  <input type="checkbox"/> Quarterly  <input type="checkbox"/> First  <input type="checkbox"/> Second  <input type="checkbox"/> Third  <input type="checkbox"/> Fourth  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special           </td> <td style="width:33%; vertical-align: top;"> <b>Referendum</b>  <input type="checkbox"/> Organizational  <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final  <input type="checkbox"/> Supplemental Final  <input type="checkbox"/> Annual  <input type="checkbox"/> Special           </td> </tr> </table>			<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input checked="" type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input checked="" type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special					
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: _____		<b>10. Special Report Name</b> _____					
<b>8. Number of Fundraisers this Report</b> <u>0</u>							
<b>11. Account Information</b>		<b>11. Account Information</b>					
a. Financial Institution Full Name <u>Wells Fargo</u>		a. Financial Institution Full Name _____					
b. Purpose <u>Committee Campaign funds account</u>	c. Account Code <u>001</u>	b. Purpose _____	c. Account Code _____				
	d. Period Begin Balance \$ _____		d. Period Begin Balance \$ _____				
<b>CERTIFICATION</b>							
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.							
<u>Dolly Reaves</u> Printed Name of Signer		<u>Dolly Reaves</u> Signature of Appointed Treasurer		<u>10/2/17</u> Date			
<b>FOR OFFICE USE ONLY</b>							
Date Received:	<u>10/02/17</u>	Employee:	<u>DMS</u>				
Date Postmarked:	_____	Employee:	_____				
Date Scanned:	_____	Employee:	_____				
Date Data Entered:	_____	Employee:	_____				
<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training							
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.							



# Detailed Summary

Amendment

☐ Yes

☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
Citizens for Dally Reaves		Pre-Primary			
<b>Start of Election Cycle:</b> January 1, <u>2017</u>		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
4) Cash on Hand at Start		\$ 523.17		\$ 549.22	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 50.00		\$ 65.00	
6) Contributions from Individuals (CRO-1210)		\$ 0		\$ 845.17	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 17.88		\$ 17.88	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 17.88 <del>50.00</del>		\$ 928.05	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 10.00		\$ 125.93	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$ 221.17	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$		\$ 337.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 581.05		\$ 581.05	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	



# Aggregated Contributions from Individuals

Page \_\_\_\_ of \_\_\_\_

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Citizens for Dolly Reaves						
<b>3. Contributor Information</b>						
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	
<input type="checkbox"/> Add	601	check		09/24/2017	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
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<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<b>4. Total only this Page</b>					\$	
<b>5. Total of ALL CRO-1205 Pages</b>					\$	
(This line must be on line 5 of Detailed Summary Page CRO-1100)						



# Refunds/Reimbursements To the Committee

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

<b>1. Committee Full Name (and Fund if applicable)</b> Citizens for Dilly Reaves				<b>2. ID Number</b> _____	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wells Fargo			d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments Settled fraud charge refunded
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		h. Original Expenditure Date 8/9/2017
					i. Original Expenditure Amt \$ 17.88
b. Job Title/Profession N/A		c. Employer's Name/Specific Field Wells Fargo		f. Purpose O-fraud charge	
				j. Election Sum to Date \$ 17.88	
k. Account Code 001	l. Form of Payment EFT	m. In-Kind Description		n. Date (mm/dd/yyyy) 9/5/2017	o. Amount \$ 17.88
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date
					i. Original Expenditure Amt \$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date \$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount \$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date
					i. Original Expenditure Amt \$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date \$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount \$
<b>4. Total only this Page</b>					\$
<b>5. Total of ALL CRO-1240 Pages</b> (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$





# Disbursements

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b> Dillon Citizens for Dolly Reaves						<b>2. ID Number</b> 	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)  Wells Fargo				b. Coordinated Committee Name		d. Comments  Monthly Service Fee	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				e. Election Sum to Date  \$ 10.00			
f. Account Code 001	g. Form of Payment EFT	h. Purpose Code 0	i. Date (mm/dd/yyyy) 08/30/2007	j. Amount \$ 10.00	k. Required Remarks Service Fee		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date  \$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount \$	k. Required Remarks		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date  \$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount \$	k. Required Remarks		
<b>5. Total only this Page</b> \$							
<b>6. Total of ALL CRO-1310 Pages</b> (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$	
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

